

**DMA Policy: 3-0215**

**Name: PHYSICAL TRAINING (PT) PROGRAM**

**Reference: Healthy Employees Lifestyle Program**

**Reference: <http://benefits.mt.gov/wellness.asp>**

**Approval Signature:** 

**Effective Date: September 1, 2008**

1. The PT program is voluntary and designed to assist full-time Department of Military Affairs employees in maintaining physical well being that is of extreme importance to the individual as well as the agency.

2. Mission accomplishment remains the highest priority. Supervisors and Managers will schedule participation so as to disrupt the duty day as little as possible. All sections will remain operational during duty hours. Areas with only one person coverage will post a message and contact number when away for exercise.

3. Participants are responsible to educate themselves in the physical limitations of their body before starting a fitness program. Participants are encouraged to consult with their personal physician to obtain advice on a fitness program that will best meet their individual fitness goals, physical abilities and limitations.

4. The Adjutant General may cancel or modify the program at any time following negotiated union procedures. **The use of duty time for PT is a privilege.**

5. The following guidance applies.

a. No more than three (3) hours of duty time per week may be used for the PT program. This time is not recorded on the Time and Attendance record and cannot be accumulated from one week to the next.

b. PT time may be used in one-half (1/2) hour or one (1) hour increments with only one increment used per workday.

c. A break period may be taken in connection with PT time to provide longer exercise periods. Two break periods may not be combined to provide a longer exercise period. The lunch period may be incorporated to extend an exercise period. When either the ½ or 1-hour lunchtime is included, it will be clearly identified on the PT Request Form # 3-0215. In no case shall the exercise period exceed the total time of the lunch period and one exercise period: Examples of scheduling are one (1) hour lunch period + 30 minutes PT time, five (5) days per week; half hour (1/2) hour lunch period + one (1) hour PT time, three (3) days per week; or one (1) hour lunch period and one (1) hour PT time, three (3) days per week etc.

d. Participants must submit a Form 3-0215, Physical Fitness Program Request and Acknowledgment Statement, to their supervisor for approval prior to beginning or when modifying their program. Supervisors will maintain approved forms in employee records and forward a copy to Centralized Services to be placed in the official personnel file.



e. Before starting a PT program, any employee who has an identified restriction which limits physical activity, will obtain prior written medical approval from their treating physician. This approval needs to clearly specify that the PT program the employee is proposing will not aggravate the employee's existing physical limitation or cause further injury. Participants with medical conditions covered under State Workers Compensation will be required to submit a completed fitness for duty assessment prior to resuming their PT program.

f. Flexibility in scheduling PT is at the supervisor's discretion and should not impact the work unit's mission or duty hours. The supervisor has the responsibility to deny or change the scheduled PT time when the mission requires the employee's presence. The supervisor will make every effort to give the employee advanced notification when this situation occurs.

g. The PT period will begin and end at the job location. An exception to this rule may be granted for employees attending aerobic fitness classes where scheduling overlaps or is connected to the beginning or end of the regularly scheduled duty day or using equipment not available on post/base. Approval may also be granted based on location of the facility in relation to the person's residence and distance from the duty site. Second level supervisory review and authorization is required for approval. Proof of membership in the health facility or enrollment in the class is required.

h. The exercise will be performed in established exercise facilities on post/base if available. Exceptions to this rule may be granted when specialized equipment or formal instruction is required or the type of exercise covers a long distance. Employees may not use the time granted for the PT program to exercise at home. All requests for exception must provide justification for an exception along with a detailed description of the exercise location. Exceptions must be approved by the second level supervisor prior to starting the exercise program.

i. The time authorized for PT begins when the employees leaves their duty area. Preparation for PT, such as changing clothes, traveling to the fitness location, showering and dressing, must be accomplished in the allotted time for PT. The time ends when the individual has returned to the work site in proper attire and ready to resume work unless an exception has been granted in writing. Each employee is responsible to ensure the PT activity does not extend beyond the three (3) hours per week of official time.

j. Employees that are granted an exception to perform their PT program at an approved facility off the base/post will use the attached Sign Out/Sign in Roster provided with this policy to document their participation. The Sign Out/Sign in Roster will be maintained by the supervisor of the employee. This will be used to assist State Fund with adjudicating claims in determining coverage under the Workers Compensation Act for any injury occurring while participating in the PT program as determined by the Workers Compensation.

k. Exercises under this program must be primarily aerobic in nature. Aerobic is defined as those exercises elevating the heart rate in the range of 60 -90% of the age specific maximum heart rate estimate (220 minus participant's age) for an extended period of time. This time must be no less than 20 minutes per exercise session. The following exercises are inherently authorized under this regulation: fast walking, jogging, running, swimming, cycling (on flat surface), and muscle toning exercises in conjunction with regular aerobic exercise, use of cardio vascular equipment and aerobic classes or video instruction. Exercise programs apart from those listed may be authorized on a case-by-case basis. Prior to commencement of the exception exercise program the employee will provide the supervisor a written description of the proposed program to include but not limited to

location, equipment used and rationale of how it meets the aerobic requirements and what safety precautions (if applicable) will be taken. First and Second level Supervisor approval will be required prior to beginning any new program not listed in above. Supervisors should consider the following guidance when evaluating an excepted exercise program.

- ☐ Does it elevate the heart rate for at least 20 minutes per workout? NOTE: Heart rate range for individuals is based on age and physical condition. Consult with a physician to determine your specific target heart rate.
- ☐ Is it safe? Team sports such as soccer, basketball, volleyball, and football are not authorized as part of the official PT program because of the high potential for injury. In addition, off road mountain biking, rock climbing, etc. are not approved activities, because of the high potential for injury. Even though team sports, off road mountain biking and other high risk activities are not authorized as part of the PT program, employees can participate in these activities during their scheduled lunch period and prior to and after their scheduled duty day. However, any injuries incurred by employees performing activities not part of the approved PT program may not be covered by workers compensation.
- ☐ Exercise walking must be at a pace elevating the heart rate to the required level. Casual walking is generally ineffective. Pregnant employees may be allowed to participate by walking at a pace less than the aerobic level with written concurrence of their physician.

6. Agency sponsored wellness and disease prevention activities, such as health fairs, smoking cessation programs or disease awareness programs can be attended in an excused absence status. An agency-sponsored program must be approved by the Human Resources Officer. An excused absence used for this purpose should not be granted over an extended or indefinite period of time. The employee's absence must not interfere with the timely and effective performance of agency work.

7. Questions regarding this program are to be directed to the Human Resources Office at (406) 324-3334.



**DEPT. OF MILITARY AFFAIRS**  
**State Employee Physical Fitness Program Acknowledgment Statement**  
(DMA Policy 3-0215)

**Part A**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

SHOP/OFFICE \_\_\_\_\_

SSN \_\_\_\_\_

DUTY PHONE \_\_\_\_\_

**Part B**

EXERCISE  
SCHEDULE

--

LUNCH  
INCLUDED

--

LUNCH  
PERIOD

--

OFF SITE  
PERMISSION

--

BEGIN/END OF  
DAY OFF SITE

--

EXERCISE  
PROGRAM

--

EXERCISE  
LOCATION

--

SPECIAL  
EQUIP/INSTR

--

**Part C**

I request authorization to participate in the DMA Physical Fitness Training (PT) Program. I understand my participation in the program during my regular duty hours is a privilege and may be withdrawn or amended by my supervisor due to mission requirements. I have read and understand the provision on of DMA Policy 3-0215. My participation in the PT program may be unsupervised and performed during scheduled duty hours and is subject to approval by my supervisor and if required the Division Administrator. I understand abuse of this program by me could result in revocation of my participation in the program and/or disciplinary action. I agree a copy of this form will be provided to the MT State Fund for any PT program related injury I claim compensation. I understand in the event I am placed in a light duty status my participation in the PT program is suspended until I provide written medical documentation certifying my ability to participate. I also acknowledge it is my responsibility to ensure any specialized equipment I provide for myself is safe and in good working order.

I understand if I am injured while participating in the Physical Fitness program I may not be covered by Worker's Compensation.

Employee \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Supervisor \_\_\_\_\_

SIGNATURE \_\_\_\_\_

2nd Level Supv \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## INFORMATION AND INSTRUCTIONS FOR COMPLETING THE DMA Form 3-0215

*Read these instructions carefully*

*Complete this form in its entirety prior to beginning participation in the PT Program*

*Be sure to obtain all required signatures before submission to the State Human Resource Officer*

*Distribution is as follows: Original to Supervisor, Copy for your records, Copy to HRO*

### PART A

**Name:** Last, First and MI **SSN:** xxx-xx-xxxx **Shop/Office:** Complete office ID **Phone:**

### PART B

**Exercise Schedule:** Number of days of the week, length per day and, if applicable, days of the week to be performed. Supervisors may require an exact daily schedule to ensure mission requirements are met. If so, any deviation from the schedule must be approved in writing by the supervisor prior to the change. Changes for an extended period of time require completion of a new Form 3-0215.

**Lunch Included:** Drop down box with yes or no answer. **Lunch Period:** Exact time lunch period will begin and end. Note: Lunch periods are not normally covered by the MT State Fund Workers Compensation.

**Offsite Permission:** Drop down box with yes or no answer. Any exercise program performed outside the boundaries of Fort Harrison must be approved by the supervisor.

**Begin/End of Day Offsite:** Drop down box with yes or no answer. In the event the offsite exercise is at fitness club or a class with a certified instructor offsite and the time for the class is 1/1.5/2 hours prior to the beginning or the end of the work day or the required equipment for the exercise is not available on post/base. Travel and preparation time included in the regular scheduled duty day is still considered part of the allotted PT time. Proof of membership or participation is required. By requesting this option and signing this form you are authorizing your supervisor or the Human Resources Office to contact the facility to verify your attendance. **Exercise at your residence is not authorized excused absence under this program.**

**Exercise Program:** *BE SPECIFIC* . If it is not obviously primarily aerobic in nature explain how it meets the requirements of the regulation. For example: strength weight lifting. Outline exactly what the exercise will entail and how it will be performed and for how long. Include information like distance, speed, repetitions etc. Note if it is ascertain exercise class or video program.

**Exercise Location:** *BE SPECIFIC* . If on Post/Base identify Building and room number. If offsite at a health club or other approved exercise facility include name of business, street address and room number if applicable. If using an outdoor route for running, cycling or any similar exercise give as much detail regarding where the exercise will be performed. If various routes may be used, list them all and note which route you will take on the PT Program sign out sheet. Deviations from approved routes or locations may jeopardize injury compensation.

**Special Equipment or Instruction:** List any exercise any equipment you will be using. Listing of this equipment and signing of this form indicates you understand and know how to use this equipment correctly in a manner to not cause injury to yourself or others. If you are using your own personal equipment you are agreeing to maintain that equipment up to proper safety standards prior to use by you. Accepted State Fund injury claims resulting from improper maintenance of equipment not provided by the Montana National Guard will pursued by the 3rd Party Claim process. List fitness classes conducted by Private Health clubs including the name or type of class, schedule and instructor.

### PART C

**Request to Participate and Acknowledgement statement** Your signature indicates you understood the statement. Workers Compensation Coverage is not guaranteed unless there is a physical requirement for your position.



